

Thank you for your interest in the Arizona Department of Public Safety. The following information is provided to assist you in the application process.

HOW TO APPLY:

All applicants must complete the Department of Public Safety Application and the Arizona Peace Officer Standards and Training Board (AZPOST) Statement of Personal History and Application For Certification. In addition, out of state officers must complete the AZ POST Out of State Waiver Application (which is available from the AZ POST website at www.azpost.gov). Read each of the questionnaires carefully and fill them out completely. **The application packet is fillable (via Adobe and the preferred method of submission) from your computer or you can complete it manually.** Be sure to **attach the required documents**, i.e. high school diploma, GED, birth certificate (or naturalization documentation), and military DD214 (if applicable). **Type or print using black ink.**

Do not leave any questions unanswered.

All questions must be answered before the questionnaires can be processed. If a question does not apply please mark "DNA". If the space allowed for answering a question is insufficient, the answer should be completed on a separate sheet of paper and marked "continuation".

Be sure to **sign your name** where indicated. Please note the AZ POST Statement of Personal History and Application for Certification **must be notarized.**

Make sure you have reviewed the waiver documents and initialed/signed as required.

Applicants may call DPS Human Resources at (602) 223-2290 to request the application package by mail. Applications are also available at www.azdps.gov/hr.

The application form must be submitted to:

**DPS Human Resources Bureau
Mail Drop 1100
PO Box 6638
Phoenix, Arizona 85006-6638**

**THE COMPLETED APPLICATION
MUST BE RECEIVED BY HUMAN
RESOURCES AT LEAST 30 DAYS
PRIOR TO THE TESTING DATE YOU
WISH TO ATTEND.**

It is the responsibility of the applicant to ensure the Human Resources Bureau receives the application. Please **DO NOT** return applications to any DPS office other than Headquarters.

ARIZONA DEPARTMENT OF PUBLIC SAFETY

HUMAN RESOURCES BUREAU



ROGER VANDERPOOL
DIRECTOR

DATE: October 6, 2007

TO: DPS Cadet/Lateral Officer Applicants

FROM: Sergeant Eric Anspach, Human Resources Bureau, Sworn Selection

SUBJECT: CONTINUOUS TESTING FOR CADET/LATERAL OFFICERS

The Department of Public Safety is pleased to offer monthly testing in 2008 for the classifications of Cadet/Lateral Officer. Human Resources will be conducting examinations for the written, physical fitness and Qualifications Appraisal Board (QAB) portions of the hiring process. Please refer to the chart below for the testing dates. Applicants eligible for testing will receive an invitation with the location and time for the next scheduled test. If you have questions regarding the Cadet/Lateral Officer hiring process, please contact Human Resources at (602) 223-2290 or visit our website at www.azdps.gov/hr.

Month	Written & PT (Date)	QAB (Dates)	Job Code - Cadet Officer Applicant	Job Code - AZ POST Certified Applicant
November 2007	Tuesday the 6th	Wednesday the 10th & Thursday the 11th	1100-11-07	1200-11-07
January 2008	8 Tuesday	9-10 Wednesday, Thursday	1100-01-08	1200-01-08
February 2008	19 Tuesday	20-21 Wednesday, Thursday	1100-02-08	1200-02-08
March 2008	11 Tuesday	12-13 Wednesday, Thursday	1100-03-08	1200-03-08
April 2008	15 Tuesday	16-17 Wednesday, Thursday	1100-04-08	1200-04-08
May 2008	13 Tuesday	14-15 Wednesday, Thursday	1100-05-08	1200-05-08
June 2008	10 Tuesday	11-12 Wednesday, Thursday	1100-06-08	1200-06-08
July 2008 (Holbrook)	8 Tuesday	9 Wednesday	1100-07-08	1200-07-08
August 2008	12 Tuesday	13-14 Wednesday, Thursday	1100-08-08	1200-08-08
September 2008	9 Tuesday	10-11 Wednesday, Thursday	1100-09-08	1200-09-08
October 2008 (Tucson)	14 Tuesday	15 Wednesday	1100-10-08	1200-10-08
November 2008	18 Tuesday	19-20 Wednesday, Thursday	1100-11-08	1200-11-08



JOB ANNOUNCEMENT

DEPARTMENT OF PUBLIC SAFETY CADET OFFICER/CERTIFIED OFFICER

The Arizona Department of Public Safety (DPS) is accepting applications for Cadet Officer and Certified Officer. An applicant who meets the minimum qualifications, but is not currently an AZ POST Certified Officer, may apply for Cadet Officer. Additionally, an AZ POST Certified Officer who does not meet the minimum qualifications for a Department of Public Safety Officer may apply for Cadet Officer. The eligibility list established from this recruitment will be used to fill current and future vacancies, depending upon the hiring needs of the Department. Relocation may not be necessary.

SUMMARY STATEMENT: The Cadet Officer participates in an academy training program to learn the general duties of police work. Upon graduation from the academy, the Cadet Officer is promoted to Officer and attends the DPS Advanced Basic Training, which includes training on Department policies, practices and standards. Lateral applicants who meet the qualifications for a Department of Public Safety Officer will also be required to attend the DPS Advanced Basic Training. An Officer is a fully certified law enforcement officer who, under supervision, patrols highways, enforces laws and ordinances, investigates collisions, and performs related duties. DPS Officers are assigned to locations throughout Arizona.

SALARY: Cadet Officers earn an annual salary of \$39,388.00 (includes discretionary Performance Pay of \$1054.00 annually) while in training at the Pre-Academy and the Arizona Law Enforcement Academy (approximately 20 weeks). Upon graduation and certification, Cadets are promoted to Officer (entry level, day one through 3 years as an Officer), with an annual salary of \$45,636.00 (includes discretionary Performance Pay of \$1,221.00 annually).

Progression through the Officer classification includes Officer (midpoint level, 3 through 6 years of service as an Officer) with a current salary of \$54,555.00 (includes discretionary Performance Pay of \$1,460.00 annually) and Officer (maximum level, 6+ years of service as an Officer) salary of \$63,472.00 (includes discretionary Performance Pay of \$1,699.00 annually).

Qualified Certified Officers who laterally transfer to the agency with less than three years qualifying patrol experience may receive the Officer annual salary of \$45,636.00 (includes discretionary Performance Pay of \$1,221.00 annually).

Qualified Certified Officers who laterally transfer to the agency with three to six years qualifying patrol experience may receive the Officer (midpoint level) annual salary of \$54,555.00 (includes discretionary Performance Pay of \$1,460.00 annually).

Qualified Certified Officers who laterally transfer to the agency with six or more years of qualifying patrol experience may receive the Officer (maximum level) annual salary of \$63,472.00 (includes discretionary Performance Pay of \$1,699.00 annually).

MINIMUM QUALIFICATIONS: Must be a citizen of the United States, possess a high school diploma or General Equivalency Diploma (GED), be at least 21 years of age at the time of graduation from the basic training academy, have no felony convictions or conviction(s) for **any** domestic violence related crime(s) and possess a valid Arizona driver license by the applicant's hire date.

The department also utilizes the "Selection Guidelines" found on page 5 of this packet to determine an applicant's suitability for employment.

Those who wish to compete as an In-State (AZ POST) Certified Officer must additionally meet the following qualifications. Must possess an AZ POST Peace Officer Certification, have served a probationary period and/or have been in a permanent position for a minimum of one year (**ALEA graduates are waived from the probation and permanent position requirements**) and have been employed as a police officer within the last 18 months. ***Documented proof will be required for all qualifications listed.***

SELECTION PROCESS: The selection process includes the following steps: (1) application; (2) screening for qualifications as it relates to the selection guidelines; (3) written examination (**waived for AZ POST Certified Officers**); (4) physical fitness test; (5) Qualifications Appraisal Board; (6) polygraph examination; (7) background investigation; (8) psychological evaluation; (9) medical examination; (10) pre-employment drug testing and (11) a second physical fitness test (**waived for AZ POST Certified Officers**) to determine improvement from the initial physical fitness test.

HOW TO APPLY: The Application documents must be completed on both sides. Be sure to sign the application. Applicants may call DPS Human Resources at (602) 223-2290 to request the application package by mail. Applications are also available online at www.azdps.gov/hr. The application forms must be submitted to **DPS Human Resources Bureau, PO Box 6638, Mail Drop 1100 Phoenix, Arizona 85005-6638**. It is the responsibility of the applicant to ensure the Human Resources Bureau receives the application. Please **DO NOT** return applications to any DPS office other than Headquarters.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

CADET OFFICER/CERTIFIED OFFICER

SELECTION PROCESS

Note: An applicant must pass each step of the process before moving on to the next step.

PHASE ONE

1. **WRITTEN EXAMINATION** - *Does not apply to IN-STATE Lateral Officer applicants*
Must pass a 100 item multiple-choice test with a minimum score of 75%. Hand-held calculators are permitted. The examination covers perceptual ability, logic, reading comprehension, language skills, and numeric skills.
2. **PHYSICAL FITNESS TEST**
Pass/fail. See attached for minimum requirements.
3. **QUALIFICATIONS APPRAISAL BOARD (QAB)**
Must pass a performance test of problem-solving and interpersonal skills.

Applicants successfully completing the first three steps will be ranked in numeric order by combined written (40%) and QAB (60%) scores on an eligibility list. Applicants who are claiming preference points and provide the appropriate documentation (i.e., DD214, etc.) will have 5% added to their final passing score. Candidates will be invited to proceed to the next phase of testing in the order of their rankings.

PHASE TWO

4. **POLYGRAPH EXAMINATION**
Must successfully complete a polygraph examination.
5. **BACKGROUND INVESTIGATION**
Must pass a background investigation, which includes a history of the applicant's driving, civil and criminal records, employment, and use of illegal substances.
6. **PSYCHOLOGICAL EVALUATION**
Must successfully complete a two-part evaluation, including a written examination and a personal interview with a psychologist.
7. **MEDICAL EXAMINATION**
Must successfully complete a medical examination.
8. **PRE-EMPLOYMENT DRUG TESTING**
9. **PHYSICAL FITNESS TEST** – *Does not apply to lateral officer applicants*
Pass/fail. Must successfully complete a second physical fitness test within 30 days of hire. Applicants may be required to show improvement over original results to ensure adequate preparation for the Academy.

ARIZONA DEPARTMENT OF PUBLIC SAFETY

HUMAN RESOURCES BUREAU

SELECTION GUIDELINES



NOTE TO THE APPLICANT: THE EXISTENCE OF ANY OF THE CONDITIONS LISTED BELOW MAY RESULT IN REJECTION FROM THE SELECTION PROCESS. THESE AREAS WILL BE EXPLORED DURING THE POLYGRAPH EXAMINATION.

I. DRUG USAGE

A. MARIJUANA

Illegal use of marijuana more than 20 times total or more than five (5) times since the age of 21, or at any time within the past three (3) years.

B. DANGEROUS DRUGS/NARCOTICS/VAPOROUS SUBSTANCES

Illegal use of dangerous drugs, narcotics, or vaporous substances more than five (5) times total or more than one (1) time since the age of 21, or at any time within the past seven (7) years. Dangerous drugs and/or narcotics include hashish, cocaine/crack, amphetamines/barbiturates, anabolic steroids, LSD/acid, PCP/angel dust, magic mushrooms, etc.

C. PEYOTE/MESCALINE

Illegal use of peyote or mescaline as described in Section I.B. above. (Exception: The use of peyote/mescaline is permitted if for bona fide religious ceremonies.)

D. HEROIN

Use of heroin at any time.

E. SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION FOR SALE OF ILLEGAL DRUGS

F. PATTERN OF ABUSE OF PRESCRIPTION DRUGS

II. THEFT OR MISAPPROPRIATION OF PROPERTY

A. Any demonstrated pattern of habitual theft.

B. Any theft while serving in a position of trust.

III. ACTS CONSTITUTING A FELONY

A. The conviction of any act which would constitute a felony in the state of Arizona, regardless of the time element.

B. The conviction of any act of domestic violence.

IV. FRAUD OR MISREPRESENTATION

A. Any intentional attempt to practice any deception or fraud in:

1. The employment application

2. The various testing processes

B. Failure to properly complete the application.

V. DRIVING RECORD

A. More than one serious traffic violation (D.U.I., reckless driving, leaving the scene of an accident within the last 5 years.

B. Any serious traffic violation (D.U.I., reckless driving, leaving the scene of an accident) within the past 3 years.

C. Any recent demonstrated pattern of excessive traffic violations (for positions that require operation of a motor vehicle).

VI. CREDIT - Any demonstrated pattern of indebtedness over an extended period, which has resulted in repossessions or foreclosures or submission of bills to a collection agency (for position of Officer).



ARIZONA DEPARTMENT OF PUBLIC SAFETY
HUMAN RESOURCES BUREAU

PRE-EMPLOYMENT PHYSICAL FITNESS TEST

The test will consist of six events: Sit-ups, push-ups, 1.5 mile run, 300 meter run, agility run and vertical jump. Each event will be scored individually as a pass or fail. The applicant must successfully complete each testing event to continue in the physical fitness testing.

Minimum requirements for the physical fitness test will be based on the following requirements:

FITNESS EVENT	REQUIREMENT
1.5 mile run	16:00 (min:sec)
300 meter run	73.2 seconds
Push-ups	24 reps
Agility run	21.8 seconds
Sit-ups	28 reps

1.5 MILE RUN - Walking is permitted, however the applicant must complete the test within the time frame indicated.

300 METER RUN – The applicant must run 300 meters within the allotted time frame.

PUSH-UPS - The applicant will start with the palms of the hands on the floor, arms straight, legs and back straight. A monitor will place a fist on the floor below the applicant's chest. When told to begin, the applicant will bend the elbow, keeping the legs and back straight, until the chest touches the monitor's fist and then return to the starting position. This is an untimed event.

AGILITY RUN – The applicant begins in a prone position with hands on the start line. On the mark of "Go" the applicant quickly gets to their feet and sprints 30' to the end of the far cone. The applicant's foot must touch or go past the line and then they must return to the start line and turn around the first middle cone. The applicant serpentines the four middle cones up and back; then repeats the sprint to the far cone and back to the finish line.

SIT-UPS - The applicant will start by lying on the ground on their back with knees bent and feet on the ground. Bring the shoulders forward until the elbows touch the knees and then return to the start position. This will continue as many times as possible for one minute. The applicant's hands must be placed behind the ears, not allowing the fingertips to break the plane. This is a one-minute timed event.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

QUALIFICATIONS APPRAISAL BOARD (QAB) STUDY PLAN

The Department of Public Safety is providing the following reference material for your use in preparation for the Oral Board Examination for the classifications of Cadet/Lateral/Reserve Officer. This material is not all-inclusive but represents a portion of the areas of knowledge being tested. You should attempt to use as many resources as possible to assist you in preparing for the selection process.

History

The first regional law enforcement effort in Arizona occurred in 1901 when the territorial governor organized the "Arizona Rangers." This small force made a strong impact on the rustling and smuggling problems of the time but was disbanded in 1909; three years before Arizona achieved statehood.

Twenty-two years later, because of concern regarding the growing number of accidents and unlicensed vehicles on its highways, the Arizona Highway Patrol was instituted as a branch of the Arizona Highway Department. The initial force in 1931 was limited to a superintendent, 14 patrolmen (one authorized for each county) and one desk sergeant.

In 1967, the governor's crime commission recommended creation of a department to "assemble state-level law enforcement activities into a single, effective government unit." Two years later, on July 1, 1969, the Arizona Department of Public Safety was officially established. It consolidated the functions and responsibilities of the Arizona Highway Patrol, the Enforcement Division of the Department of Liquor Licenses and Control, and the Narcotics Division of the Arizona Department of Law. Since 1969, the Department has been charged with additional responsibilities and has developed into a modern, comprehensive law enforcement agency.

In its 30-plus years of sustained progress and service, the Department has accepted many additional responsibilities and has become a multi-faceted organization dedicated to protecting and providing state-level law enforcement services to the public while developing and maintaining close partnerships with other agencies sharing similar missions.

The Department enforces state laws with primary responsibility in the areas of traffic, narcotics, organized crime/racketeering, liquor and specific regulatory functions. Operational and technical assistance is provided to local and state governmental agencies and other components of the criminal justice community; services include scientific analysis, aircraft support, emergency first care, criminal information systems and statewide communications.

The Department also promotes and enhances the quality of public safety through cooperative enforcement, intelligence gathering, training employees of law enforcement agencies, and increasing public awareness of criminal activities. DPS employs over 1900 employees working together to serve and support the interests of public safety throughout Arizona.

The Department consists of four divisions – Highway Patrol, Criminal Investigation, Agency Support and Criminal Justice Support. Together these four divisions provide an immense and extensive range of vital scientific, technical, operational and regulatory services to Arizona residents and to the state's criminal justice community. The Arizona Department of Public Safety, with state headquarters in Phoenix, has offices located in more than 30 communities within Arizona's 15 counties.

Mission Statement

To protect human life and property by enforcing state laws, deterring criminal activity, assuring highway and public safety, and providing vital scientific, technical, and operational support to other criminal justice agencies.

Vision Statement

To be a national model in providing ethical, effective, efficient and customer-oriented, state level law enforcement services.

Office of the Director

The Director of the Arizona Department of Public Safety establishes the Department's goals, policies, procedures, and organizational structure. He directs and controls the activities of the Department and is responsible for accomplishing its mission.

The Director's Office consists of the executive officer, government liaison, legislative security, and media relations. The Director's Office also has the responsibility of investigating employee misconduct and preparing internal and external management audits. The Governor's Office of Highway Safety, the Arizona Peace Officer Standards and Training Board and the Law Enforcement Merit System Council are administratively supported by the Director's Office.

Agency Support Division

The Agency Support Division focuses on maintaining and supporting current Department operations by providing crime victim services, basic and continuing training, management services promoting efficiency of government, contemporary research and planning, legal services, coordination of financial and human resource services, cost-effective facilities management and innovative logistical support.

Criminal Investigation Division

The Criminal Investigation Division is committed to providing the highest quality investigative and specialized response services to the public and the criminal justice community. The Division is guided by three immutable values: honor, courage and commitment while fostering a supportive and empowered environment for our employees.

The Division provides statewide investigative, specialized enforcement and high-risk response support to federal, state and local criminal justice agencies. The Division conducts investigations regarding narcotic trafficking, organized crime, intelligence, vehicle theft, gangs, computer and financial crimes, as well as major crime investigations when requested by other criminal justice agencies. It also maintains and operates a state-of-the-art geographic information system (GIS) mapping center for the Department and makes data available to other agencies around the state.

Criminal Justice Support Division

The Criminal Justice Support Division provides the telecommunication infrastructure to support public safety services for state, county and local governmental agencies and the Emergency Medical Services Communications (EMSCOM) System. The Division designs, develops, maintains and operates automated systems to support the enforcement, investigative and administrative functions of the Department. The Division issues Carry Concealed Weapon, Security Guard and Private Investigator credentials to qualified applicants. The Division also provides scientific analysis of evidence, technical crime scene assistance, secure storage of evidentiary items, training, and expert testimony to all criminal justice agencies in the state.

Highway Patrol Division

The Highway Patrol Division ensures the safe and expeditious use of the highway transportation system for the public and to provide assistance to local and county law enforcement agencies. The Division additionally provides services and enforcement in commercial motor vehicle, tow truck, school bus enforcement and safety programs and is responsible for the air rescue and aviation services for the Department.

Highway Patrol Officer

As an officer with the Arizona Department of Public Safety, your first assignment will be in the Highway Patrol Division. A Highway Patrol Officer patrols the roadways of the state providing protection to the public through diligent enforcement of all traffic laws and other statutes, and will render assistance to stranded motorists along Arizona's roadways.

Due to an emergency situation, collision or weather-related condition, an officer may be called upon to assist with traffic control to regulate the flow of vehicular traffic. An officer must use due care while directing traffic as to not cause a mishap or collision because of his actions.

While patrolling Arizona's roadways, an officer may happen along or be dispatched to an occasional traffic collision. The collision may involve nothing more than mere property damage or may be as serious to involve a fatality. Officers are trained to investigate any type of collision even though the Highway Patrol Division has a specialized Vehicular Crimes Unit to assist an

officer with the investigation. They also receive training to assist them in handling minor medical emergencies as a result of a collision or medical condition.

If a collision results in a fatality, an officer may be called upon to notify the relatives of the deceased. This is never a pleasant task, but an officer must be compassionate and sensitive while informing the relatives of this unfortunate incident.

In an effort to reduce collisions, an officer may be required to participate in driving under the influence (DUI) saturation patrols or checkpoints. These types of enforcement activities are beneficial in reducing the total number of collisions, as well as reducing the number of injuries and fatalities that are associated with alcohol related collisions.

Another proactive enforcement activity a Highway Patrol Officer may become involved with is violator directed patrol. This is an effective method to hamper such criminal activities as drug transportation, illegal alien travel, vehicle theft and the apprehension of fugitives of justice.

For a majority of the investigations an Officer conducts, whether criminal activity or collision, a comprehensive written report will need to be completed. This is imperative to assist in the recollection of the incident while the Officer testifies in court during a criminal or civil proceeding. If reports are not thorough and complete it may result in the lack of prosecution in a criminal matter or no judgment in a civil matter.

Last but not least, Highway Patrol Officers are role models for the communities they reside in and are continuously asked to speak to classes at a preschool, elementary school, junior high or middle school, or high school. Officers are also asked to deliver safety awareness talks to civic organizations and businesses. This is one of the most positive interactions an officer can have with the citizens of Arizona. This is the time an officer has to promote the Department as well as promoting public awareness involving safety concerns within their communities.

Additional Items to Assist You Throughout the Selection Process

It will be beneficial for you to review the Department of Public Safety's website, www.azdps.gov. There may be additional information which may help you throughout your testing with the Department.

You may want to ride-a-long with officers from the Department or other agencies. This is an invaluable resource for you to gain information into the responsibilities of an Officer. It is also required for you to ride-a-long with a DPS officer prior to gaining employment.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

AGENCY SUPPORT DIVISION - Human Resources Bureau

APPLICATION - Sworn

P. O. BOX 6638, M. D. 1100, PHOENIX, ARIZONA 85005-6638

H.R. USE ONLY	
INPUT DATE	JOB CODE
ANALYST	REVIEW DATE
MEETS MQ'S <input type="checkbox"/> Yes <input type="checkbox"/> No	

☐ Arizona P.O.S.T. Certified Police Officer Applicant

☐ Out of State Lateral Officer

☐ Cadet Officer Applicant

☐ Sworn Reserve Officer

LAST NAME (maximum 25 characters)

FIRST NAME (max. 15 characters)

M.I.

SOCIAL SECURITY NO.

STREET ADDRESS (maximum 235 characters)

APT NO.

CITY (maximum 18 characters)

STATE

ZIP CODE

MAILING ADDRESS (if different from above address)

APT NO.

CITY

STATE

ZIP CODE

HOME PHONE NO.

WORK PHONE NO.

CELL PHONE NO.

EMAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)

PLACE
OF
BIRTH

CITY

STATE

COUNTRY

OR

LIST ANY OTHER NAMES, DATES OF BIRTH, OR SOCIAL SECURITY NUMBERS YOU HAVE USED: (maximum 74 characters)

HOW DID YOU HEAR DPS IS HIRING?

☐ DPS Employee

☐ Family / Friends

☐ DPS Internet Site

☐ Recruiter

☐ TV / Internet

☐ Radio

☐ Newspaper

☐ Magazine

☐ Job Fair (where / date)

☐ School / College

☐ Other

MARITAL STATUS

☐ Married

☐ Single

☐ Separated

☐ Divorced

☐ Widowed

CURRENT SPOUSE FIRST NAME

M.I. LAST NAME

CURRENT SPOUSE DATE OF BIRTH

DATE OF MARRIAGE

DATE OF DIVORCE

MAIDEN NAME (if applicable)

PREVIOUS SPOUSE NAME

YES NO

- ☐ ☐ 1. Have you at anytime in your life been known by any names other than those which appear on your application? If **YES**, what were those names? _____
- ☐ ☐ 2. Have you lived / worked in any other states or countries? If **YES**, please list. _____
- ☐ ☐ 3. Do you know anyone who works or worked for the Arizona Department of Public Safety (DPS)? If **YES**, please list all the names. _____
- ☐ ☐ 4. Have you been on a DPS ride-a-long? If **YES**, with whom? _____

CAREER GOALS

5. Why do you want to be an officer with the Arizona Department of Public Safety (DPS)?

6. When did you first decide to pursue a career in law enforcement?

7. If you are currently in law enforcement, why do you desire to change agencies?

8. How will working for the Arizona Department of Public Safety (DPS) be different from where you are currently working?

LAST NAME

FIRST NAME

M.I.

CAREER GOALS - continued

YES NO

- ☐ ☐ 9. Are you at least 21 years old?
- ☐ ☐ 10. Are you a citizen of the United States of America? *Please attach a copy of your verification of citizenship.*
- ☐ ☐ 11. Do you have a high school diploma or GED?
When and where did you receive it? _____
- ☐ ☐ 12. Do you have, or will you be able to obtain, a valid Arizona driver's license prior to beginning employment?
- ☐ ☐ 13. The Arizona Department of Public Safety (DPS) places officers in various locations throughout the state depending on the needs of the Department. Are you willing to accept an assignment anywhere in Arizona?
14. If you answered **NO** to the previous question (13), please list below the general areas where you are willing to work, (i.e., Phoenix Metro Area, Santa Cruz County, etc.).
- 1) _____ 2) _____ 3) _____
- 4) _____ 5) _____ 6) _____

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES QUESTIONNAIRE

If you answer "YES" on any of the areas listed below, please provide a **full** explanation on the attachment provided at the end of this form. Include, if applicable, the following: **1)** how the drug was ingested or consumed, **2)** the duration of usage, **3)** the motivation for use, **4)** how the drug was obtained, **5)** why you stopped using the drug, **6)** and any other factors you believe are relevant.

TYPE OF DRUG	Have you ever sold, produced, or transported for sale?	Have you ever tried or used?	If "YES," how many times?	How many times after age "21"?	Year / Date "First Used" (mm/yyyy)	Year / Date "Last Used" (mm/yyyy)
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Amphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Methamphetamines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Ecstasy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Rush	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
PCP / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Steroids (No. of cycles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Vaporous Substances (Please list, if more than one, please use attachment page provided at the end of this form.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
----------------------------------------------------------	----------------------------------------------------------	--	--	--	--

Any other Illegal Drugs (Please list, if more than one, please use attachment page provided at the end of this form.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
----------------------------------------------------------	----------------------------------------------------------	--	--	--	--

Illegal use of Prescription Drugs (Please list, if more than one, please use attachment page provided at the end of this form.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
----------------------------------------------------------	----------------------------------------------------------	--	--	--	--

☐ See attachment page provided at the end of this form for a full explanation of any question answered with a "YES."

ILLEGAL USE OF DRUGS - continued**YES NO**

- ☐ ☐ 15. Have you ever bought, sold, transported, and / or manufactured any illegal drugs and / or any component of an illegal drug?
- ☐ ☐ 16. Have you ever used a prescription drug that was not prescribed for you?
- ☐ ☐ 17. Have you ever administered / injected any illegal drug into another individual's body?
- ☐ ☐ 18. Have you ever operated a motor vehicle while impaired to the slightest degree by alcohol and / or drugs?
- ☐ ☐ 19. Have you ever been arrested for Driving Under the Influence (DUI) in any state or country?
- ☐ ☐ 20. Have you ever resided with anyone who was cultivating, manufacturing, distributing or selling marijuana or any other illegal substance?
- ☐ ☐ 21. Do you consume alcoholic beverages?
- ☐ ☐ 22. Have you ever consumed alcohol while at work?
23. How much alcohol do you consume in a month? _____

DOMESTIC VIOLENCE

Domestic Violence is defined in the law as certain criminal acts committed between person who have been involved in a relationship and who live together in the same household (or who have lived together in the past), or persons who have a child in common or are expecting a child (regardless of whether they have resided in the same household), and the victim is related to the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, sibling, or by marriage as a parent-in-law, step-parent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.

The specific acts defined in the law are: assault, criminal damage, endangerment, imprisonment, intimidation, kidnapping, trespassing, disorderly conduct and reckless display or discharge of a deadly weapon or dangerous instrument.

YES NO

- ☐ ☐ 24. Has any law enforcement agency ever responded to your residence, temporary or permanent, for any reason relating to domestic violence?
- ☐ ☐ 25. Have you ever committed an act of domestic violence according to the definition provided?
- ☐ ☐ 26. Are you currently, or have you ever been, delinquent with child support payments?

CRIMINAL HISTORY**YES NO**

- ☐ ☐ 27. Have you ever had contact with any law enforcement official?
- ☐ ☐ 28. Have you ever been detained by a law enforcement official?
- ☐ ☐ 29. Have you ever been charged with a crime?
- ☐ ☐ 30. Have you ever been accused of a crime?
- ☐ ☐ 31. Have you ever been arrested?
- ☐ ☐ 32. Have you ever been booked into jail?
- ☐ ☐ 33. Have you ever been convicted of a crime?
- ☐ ☐ 34. Have you ever received a non-motor vehicle related civil or criminal citation?
- ☐ ☐ 35. Have you, your spouse / partner, or any member of your immediate family ever been convicted or held in a detention facility, jail or prison?
- ☐ ☐ 36. Do you now or have you ever had any gambling debt?
- ☐ ☐ 37. Have you ever gambled with an employer's money?
- ☐ ☐ 38. Have you ever worked for a gambling operation or booked any bets?
- ☐ ☐ 39. Has any law enforcement officer or agency ever responded to your residence for any reason?
- ☐ ☐ 40. Are you now or have you been in the past associated with or a member of a group, who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time you were associated with or a member of the group on the attached page provided).

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

CRIMINAL HISTORY - continued

LAST NAME

FIRST NAME

M.I.

YES NO

- ☐ ☐ 41. Have any family members or friends either now or in the past been associated with or a member of a group who participates in any criminal activities? (If **YES**, identify what type of group, identify any names used by the group to identify it and what period of time you were associated with or a member of the group.)
- ☐ ☐ 42. Do you have any body tattoos, brands, markings or piercings associated with or identifying you as being a past or present member of a group that has been or is participating in criminal activities? (If you have any body tattoos, brands, markings or piercings of this type, identify what they are, what they represent and when they were acquired.)
- ☐ ☐ 43. Have you every been involved in, **committed, witnessed, participated in**, been **arrested** for or **detained** for investigative purpose for any of the following:

	Date	City, State or Country	Involvement / Disposition
<input type="checkbox"/> Homicide / Attempted Homicide			
<input type="checkbox"/> Manslaughter			
<input type="checkbox"/> Kidnapping			
<input type="checkbox"/> Hit and Run Accident			
<input type="checkbox"/> Arson			
<input type="checkbox"/> Illegal Explosives			
<input type="checkbox"/> Auto Theft			
<input type="checkbox"/> Shoplifting			
<input type="checkbox"/> Switching Price Tags on Store Merchandise			
<input type="checkbox"/> Assault or Aggravated Assault			
<input type="checkbox"/> Fraud			
<input type="checkbox"/> Use of Fake or Altered I.D.			
<input type="checkbox"/> Burglary			
<input type="checkbox"/> Robbery			
<input type="checkbox"/> Criminal Damage			
<input type="checkbox"/> Graffiti			
<input type="checkbox"/> Fighting or Disorderly Conduct			
<input type="checkbox"/> Providing Alcohol to Minors			
<input type="checkbox"/> Weapons Violation			
<input type="checkbox"/> Written / Issued Bad Check or Altered Check			
<input type="checkbox"/> Possession of Stolen Property			
<input type="checkbox"/> Bribery			
<input type="checkbox"/> Perjury			
<input type="checkbox"/> Illegal Immigration			
<input type="checkbox"/> Bomb Threat			
<input type="checkbox"/> False Reporting			
<input type="checkbox"/> Terrorist Acts			
<input type="checkbox"/> Harboring a Fugitive			
<input type="checkbox"/> Sexual Misconduct with a Minor			
<input type="checkbox"/> Soliciting Prostitution			

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

LAST NAME	FIRST NAME	M.I.

	Date	City, State or Country	Involvement / Disposition
<input type="checkbox"/> Prostitution			
<input type="checkbox"/> Indecent Exposure			
<input type="checkbox"/> Sexual Assault / Date Rape			
<input type="checkbox"/> Crimes Against Children			
<input type="checkbox"/> "Peeping Tom"			
<input type="checkbox"/> Gang Activity			
<input type="checkbox"/> Anti-Government Agenda			
<input type="checkbox"/> Computer Hacking			
<input type="checkbox"/> Viewed or Downloaded Child Pornography			
<input type="checkbox"/> Hate Crimes			

Show complete experience in each position beginning with your current or last position, including military experience. A resume may be attached, but will **not** be accepted in lieu of completing the employment record. The amount of experience and the way you describe your experience may determine whether or not you are given further consideration for the position. Attach additional sheets for continuation if necessary, following the same format.

CURRENT EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 33 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO FROM			TOTAL TIME EMPLOYED:	YEARS	MONTHS	HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED		SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)		

Description of Work: (maximum 938 characters)

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 33 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO FROM			TOTAL TIME EMPLOYED:	YEARS	MONTHS	HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED		SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)		

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p></p> <p></p> <p></p>
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 40 characters)						
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE		ZIP CODE	
TELEPHONE NO. (Include Area Code)		EMPLOYMENT DATE: TO				FROM		TOTAL TIME EMPLOYED:		YEARS MONTHS HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED		SALARY:		STARTING		PER		ENDING		PER SUPERVISOR (maximum 22 characters)	

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

PREVIOUS EMPLOYER (maximum 40 characters)					JOB TITLE (maximum 40 characters)				
STREET ADDRESS (maximum 40 characters)					CITY (maximum 20 characters)			STATE ZIP CODE	
TELEPHONE NO. (Include Area Code)	EMPLOYMENT DATE: TO FROM				TOTAL TIME EMPLOYED:	YEARS	MONTHS	HOURS PER WEEK	
NO. OF EMPLOYEES SUPERVISED	SALARY:	STARTING	PER	ENDING	PER	SUPERVISOR (maximum 22 characters)			

[illegible]

<p>May we contact your employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Reason for Leaving (be specific): (maximum 171 characters)</p> <p>_____</p> <p>_____</p> <p>_____</p>
-------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

☐ ☐ 44. Have you had any jobs not listed on this application? If **YES**, please explain.

☐ ☐ 45. Do you have any gaps in employment? If **YES**, please explain.

☐ ☐ 46. Have you ever been dismissed, asked to resign or laid off from any employment? If **YES**, please explain.

☐ ☐ 47. Have you ever left a place of employment because you thought you were going to be dismissed or asked to resign? If **YES**, please explain. _____

☐ ☐ 48. Have you ever taken any items from an employer? If **YES**, please explain.

☐ ☐ 49. Are the addresses and phone numbers listed for each employer current and correct? If **NO**, please explain.

☐ ☐ 50. In any employment setting, have you ever received a verbal or written reprimand, suspension or demotion? If **YES**, please explain.

LAST NAME

FIRST NAME

M.I.

EMPLOYMENT HISTORY - continued**YES NO**

- ☐ ☐ 51. In any employment setting, have you ever been involved in any incident involving discrimination or sexual harassment? If **YES**, please explain. _____

- ☐ ☐ 52. In any job that you've held, have you been involved in any physical or verbal confrontations with co-workers, supervisors, or customers? If **YES**, please explain. _____

- ☐ ☐ 53. Have you ever attended a law enforcement training academy? If **YES**, please explain.

Sponsoring Agency and Academy Attended	Date	Status

- ☐ ☐ 54. Are you currently AZ POST certified (Arizona Police Officer Standards and Training Board)? If **YES**, please indicate date of certification, current agency, and academy name (i.e., ALEA, NARTA, GCC, etc.).

DATE	AGENCY	ACADEMY

- ☐ ☐ 55. List **all** law enforcement agencies you have applied with in your lifetime.

Agency	What Position?	Date	Last Step Completed	End Result	Polygraph Taken?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

List all colleges, universities and / or trade schools you have attended. Please begin with the most recent.

Date Attended	Name of College / University	Course of Study	Total Credit Hours	Degree Received

YES NO

- ☐ ☐ 56. Have you ever been expelled, suspended or disciplined as a high school or college student? If **YES**, please explain.

- ☐ ☐ 57. Do you have any special licenses or certifications? If **YES**, please list (i.e., Pilot license, EMT, etc.).

Please list any other education or training acquired. _____

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a **"YES."**

LAST NAME	FIRST NAME	M.I.
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MILITARY STATUS

YES NO

- ☐ ☐ 58. Have you served in the U.S. Military? If **YES**, please attach the number 4 copy of the DD214 and continue completing this section.

BRANCH OF SERVICE	HIGHEST RANK ACHIEVED	RANK AT DISCHARGE
-------------------	-----------------------	-------------------

- ☐ ☐ 59. Did you receive an Honorable Discharge? If **NO**, please list type of discharge / separation and what were the specific circumstances leading to your discharge.

- ☐ ☐ 60. Were you ever arrested, cited or apprehended by military police? _____

- ☐ ☐ 61. Did you receive any disciplinary action while in the military? _____

- ☐ ☐ 62. Have you ever been involved in combat while serving in the military? _____

- ☐ ☐ 63. Are you currently a member of a U.S. Reserve or National Guard Unit? If **YES**, please list your current assignment. *location and dates*

- ☐ ☐ 64. Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

- ☐ ☐ 65. Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military?

DRIVING HISTORY

YES NO

- ☐ ☐ 66. Do you have a current drivers license?

LICENSE NO.	STATE
-------------	-------

Previous drivers license information - please list all states and countries where you have been licensed.

- ☐ ☐ 67. Have you ever been involved in a collision while driving a motor vehicle?

- ☐ ☐ 68. Has your Driver's license ever been suspended, restricted, revoked, and / or canceled for any reason?

- ☐ ☐ 69. Motor Vehicle Operation: Please list all moving violations for which you were cited. Use the attachment page provided at the end of this form, if necessary.

Violation Charged	Date	Location	Issuing Agency	Court Disposition	Collision Related?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

The next section is ONLY for applicants who have ever worked in any branch of Law Enforcement. If you have NOT, please go to the following section, "Statement of Truthfulness."

- ☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

This Section if ONLY for Applicant Who Have Ever Worked in Any Branch of Law Enforcement.

YES NO

- ☐ ☐ 70. How many years of patrol experience do you have working as a certified police officer? _____
- ☐ ☐ 71. Has your peace officer certification been revoked, suspended, canceled, or denied for any reason?
- ☐ ☐ 72. Have you committed or been accused of theft from where you have worked or where you are currently working?
- ☐ ☐ 73. Have you committed or been accused of any theft from a prisoner / inmate?
- ☐ ☐ 74. Have you ever had or solicited sex while you were on duty?
- ☐ ☐ 75. Have you slept on duty or been disciplined for sleeping on duty?
- ☐ ☐ 76. Have you falsified or been accused of falsifying any document?
- ☐ ☐ 77. Have you ever consumed alcohol or illegal drugs while on duty?
- ☐ ☐ 78. Have you, while on duty as a peace officer without authorization, used or been under the influence of spirituous liquor?
- ☐ ☐ 79. Have you ever consumed, inhaled, ingested or injected any illegal drug during the time you were employed in a law enforcement capacity?
- ☐ ☐ 80. Have you ever committed, witnessed, participated in or been accused of perjury?
- ☐ ☐ 81. Have you ever committed, witnessed, participated in or been accused of bribery or pay off?
- ☐ ☐ 82. Have you ever committed, witnessed, participated in or been accused of accepting gratuities?
- ☐ ☐ 83. Have you ever committed, witnessed, participated in or been accused of using excessive force?
- ☐ ☐ 84. Have you ever been the subject of, or witness to, any criminal or internal investigations?
- ☐ ☐ 85. Have you ever kept any items, evidence or found property, for personal use?
- ☐ ☐ 86. Have you ever been disciplined for, or accused of, misuse or abuse of any employer equipment?
- ☐ ☐ 87. Have you ever accidentally discharged your duty weapon?
- ☐ ☐ 88. Have you ever been accused of, or disciplined for, committing any crime while employed in a law enforcement capacity?
- ☐ ☐ 89. Have you ever attempted to obtain or obtained any information from a criminal justice computer file for your personal use or someone else's personal use?
- ☐ ☐ 90. Have you received discipline for any improper conduct as a peace officer? If **YES**, please list.

☐ See attachment page provided at the end of this form for a full explanation of any question, answered with a "YES."

LAST NAME

FIRST NAME

M.I.

STATEMENT OF TRUTHFULNESS**YES NO**

- ☐ ☐ 91. Do you have any knowledge or information, in addition to that specifically asked for in the preceding questions, which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or concerning your character, temperance, habits, employment, education, criminal record, etc.? If **YES**, please explain.

DO NOT WAIT TO DISCLOSE INFORMATION YOU BELIEVE MAY BE DETRIMENTAL TO YOUR CHANCES OF OBTAINING EMPLOYMENT. INFORMATION THAT APPLICANTS HAVE FAILED TO DISCLOSE IN THE PAST MAY NOT HAVE ELIMINATED THEM HAD THEY ONLY BEEN HONEST DURING THE APPLICATION AND INTERVIEWING PROCESS. ALL ANSWERS WILL BE VERIFIED THROUGH VARIOUS RECORD CHECKS AS WELL AS A POLYGRAPH EXAMINATION.

*I certify under penalty of law that the answers on this application are true and complete to the best of my knowledge. I understand I will be required to provide proof of age, citizenship and high school diploma or GED. I further understand if an investigation discloses untruthful or misleading answers, any lies, deception, misrepresentation or omission, **no matter how slight**, may result in my immediate disqualification from consideration.*

I have read and understand all of the above statement.

Applicant's Name Printed

X

Applicant's Signature

Date

NOTARY PUBLIC:

SWORN TO AND SUBSCRIBED before me this _____ day
of _____, 20_____.

Notary Public

My commission expires: _____



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING**.

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704, §13-2907.01 AND §39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. **AZ POST does not disclose Social Security Numbers in response to public record requests.**

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the continuation sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: _____ **Date:** _____

Sworn and Subscribed To Before Me This _____ **Day of** _____,

By: _____

State of: _____ **County of:** _____

Signature of Notary Public: _____



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use the Continuation Sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. **Name** (Last, First, Middle):

2. **Address:**

3. **City:**

4. **State/Zip Code:**

5. **Date of Birth** (Month/Day/Year):

6. **Place of Birth** (City, State):

7. **Social Security Number:**

8. **List here any other names, DOB's or SSN's you have used:**

9. **Current Marital Status:**

10. **Spouse's Name Before Marriage:**

11. **Home Telephone Number:**

12. **Work Telephone Number:**

13. **Cell/Mobile Number:**

14. **Are you a citizen of the United States?** YES ☐ NO ☐ PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.

15. **Do you have** (Check One) ☐ G.E.D. Certificate ☐ High School Diploma
Please attach a copy of one of the above.

16. **When and where did you receive it?**

17. **MILITARY SERVICE:** YES ☐ NO ☐ If YES, attach the MEMBER - 4 copy of the DD 214 and continue with this section. If NO skip to #18.

Branch of Service: _____

Date Entered: _____

Date Separated: _____

Honorable Discharge: YES ☐ NO ☐ _____

Were you ever arrested, cited or apprehended by military police?

YES ☐ NO ☐ If YES explain on the Continuation Sheet.

If NO list type of discharge/separation and explain on the Continuation Sheet.

Are you currently a member of a U.S. Reserve or National Guard Unit?

YES ☐ NO ☐ If YES list current assignment:

Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)?

YES ☐ NO ☐ If YES explain on the Continuation Sheet.

Did you ever receive a court martial or Non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES ☐ NO ☐
If YES explain on the Continuation Sheet.

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

U.S. Citizen (Documentation in File)

High School Diploma/GED (Documentation in File)

21 Years of Age

Military Service if applicable (Documentation in File)

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.**
Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION: INITIALS: DATE: INITIALS:

Personal References Contacted and Results Documented

Residences and Family References Listed

21. EMPLOYMENT HISTORY: Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.					
Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				
22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED (Begin with the most recent):					
School		Dates Attended	Course of Study		Degree Received or Total Credit Hours
23. RESIDENCES: List all residences during the past five years. Use the Continuation Sheet if necessary.					
From	To	Street Address		City	State/County
AGENCY VERIFICATION:		INITIALS:	DATE:		INITIALS:
Employment Verified and Results Documented			Certificates or Degrees, Documentation in File		
Residences Verified and Results Documented in File					

24. POLICE CONTACTS: List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. CIVIL ACTIONS List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. CURRENT DRIVER'S LICENSE:

State: _____ Expiration Date: _____
 License Number: _____

27. PREVIOUS DRIVER'S LICENSE INFORMATION

List all states/countries where you have been licensed:

28. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?

YES ☐

NO ☐

If YES provide a full explanation on the Continuation Sheet.

29. MOTOR VEHICLE OPERATION List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Police Contacts Queried and Results Documented in Files

Civil Actions Queried and Results Documented in Files

Motor Vehicle Records Queried and Results Documented in File

30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:						
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET. INCLUDE, IF APPLICABLE, THE FOLLOWING:

a. How the drug was ingested or consumed,	d. How the drug was obtained,
b. The duration of usage,	e. Why you stopped using the drug,
c. The motivation for use,	f. Any other factors you believe are relevant.

32. **CRIMINAL CONDUCT:**

a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES ☐ NO ☐
If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? YES ☐ NO ☐
If YES provide a full explanation on the Continuation Sheet.

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes No		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other state(s)?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES provide the following information: Name of Agency	Dates of Employment		City	State	
	From	To			
a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.					
b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet.				YES <input type="checkbox"/> NO <input type="checkbox"/>	
c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet.				YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion.				YES <input type="checkbox"/> NO <input type="checkbox"/>	
36. Have you applied with any other law enforcement agencies in the past three years?				YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES provide the following information: Name of Agency	Date of Application		Was Polygraph Taken?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
37. CERTIFICATION:					
<p>I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.</p>					
SIGNATURE OF APPLICANT: _____			DATE: _____		
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:		
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File			
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File			
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS			
Signature and Date Completed		Fingerprint Card Submitted - FBI			

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated. (Please initial)	
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications. Application Process Terminated		
Reason for Disqualification:		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards.		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file and no record found.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed.		
Polygraph completed and report in file and applicant failed.		
Applicant meets all requirements and may be employed.		
Applicant does not meet all requirements. Application Process Terminated		
Reason for Disqualification:		
AGENCY CERTIFICATION:		
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p>		
<p>NAME OF REVIEWER: _____ TITLE: _____</p> <p style="text-align: center;">(Printed)</p>		
<p>SIGNATURE OF REVIEWER: _____ DATE: _____</p>		



ARIZONA DEPARTMENT OF PUBLIC SAFETY

AGENCY SUPPORT DIVISION - Human Resources Bureau

WAIVER OF LIABILITY AND RELEASE

In consideration of the Arizona Department of Public Safety's (hereinafter referred to as the Department) processing of my application for employment, I, _____, hereby agree to the following:

1. I hereby authorize any Police Officer or other authorized representative of the Department bearing this release, or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or information or opinions pertaining to my employment, including but not limited to documents concerning my credit history, education, pre-employment, academic achievement, attendance, athletics, personal history, work history, work performance, grievances, background investigations, civil actions, accidents, polygraph and psychological examinations, and any and all internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby expressly waive any and all legal privileges I may have including but not limited to the attorney-client privilege, the physician-patient privilege, the psychotherapist-patient privilege, the clergyman-client privilege, the husband-wife privilege, and the accountant-client privilege for information which is reasonably related to my potential employment as a peace officer or employee for the Department. I hereby direct any party who is requested to release such information or records to release to the Department, upon receipt of this Waiver. I understand that such information and records will be used as part of the decision to determine my suitability for employment at the Department.
2. I understand that for purposes of confidentiality, the Arizona Law Enforcement Merit System Council has rights identical to the Department. I also understand that I have no right to review this information and expressly waive any rights to do so
3. I hereby release from liability and promise to hold harmless under any and all causes of legal action, and from damages of any kind, all persons or entities who shall in good faith furnish any information or opinions to the officers, agents, or employees of the Department who conduct my background investigation. I voluntarily consent to a background investigation and agree to release the Department, its officers, employees, and agents, for acts necessary to conduct and finalize the investigations.

This release from liability given by me to all persons or entities mentioned above, shall apply to any right of action of any nature whatsoever that accrue to myself, my heirs, or my personal representative.

PLEASE READ CAREFULLY BEFORE SIGNING.

Applicant Name Printed: _____

Signature: X Current Date: _____

Witness Name Printed: _____

Signature: X Current Date: _____



ARIZONA DEPARTMENT OF PUBLIC SAFETY

AGENCY SUPPORT DIVISION - Human Resources Bureau

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Page 1 of 2

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the **complete text of the FCRA**, 15 U.S.C. §§1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

APPLICANT
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APPLICANT
INITIAL

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Disclosure of Intention to obtain a Consumer Report

APPLICANT
INITIAL

In accordance with The Fair Credit Reporting Act, section 604(b)(2)(a), **Arizona Department of Public Safety** may obtain a consumer report on all individuals who apply for new employment, or current employees for retention or promotion.

The FCRA gives several different federal agencies authority to enforce the FCRA. A list is provided on the reverse side.

The FCRA gives several different federal agencies authority to enforce the FCRA.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051



ARIZONA DEPARTMENT OF PUBLIC SAFETY

AGENCY SUPPORT DIVISION - Human Resources Bureau

AFFIRMATIVE ACTION QUESTIONNAIRE

P. O. BOX 6638, M. D. 1100, PHOENIX, ARIZONA 85005-6638

Phone: 602 223-2290 or FAX: 602 223-2921

http://www.dps.state.az.us/hr/Civilian_Recruitment.htm

Arizona Law Enforcement Merit System Council rules and Department of Public Safety personnel practices and policies regarding employment, promotion and benefits are applied to all applicants and employees on the basis of their qualifications without regard to race, color, sex, age, religion, national origin or disability. The Department of Public Safety will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs please contact us.

The Department of Public Safety is asking all applicants for employment to voluntarily complete the Affirmative Action Questionnaire (below) to comply with state and federal equal opportunity requirements. Data collected will be used for statistical purposes only in order to monitor the success of recruitment and selection processes. The information will be detached from your application and kept separate and confidential. **COMPLETION OF THIS FORM IS OPTIONAL.**

SOCIAL SECURITY NO.		LAST NAME		FIRST NAME		(M.I.)		
STREET ADDRESS				APT NO.	CITY	STATE	ZIP CODE	
MAILING ADDRESS (if different from above address)				APT NO.	CITY	STATE	ZIP CODE	
HOME PHONE NO.		WORK PHONE NO.						
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No		ETHNIC ORIGIN <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native				
MILITARY SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		BEGINNING DATE		ENDING DATE		DISABLED VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No		PERCENT OF DISABILITY?
REFERRAL SOURCE <input type="checkbox"/> DPS Employee <input type="checkbox"/> Family / Friends <input type="checkbox"/> DPS Internet Site <input type="checkbox"/> Recruiter <input type="checkbox"/> TV / Internet <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Job Fair (where / date) <input type="checkbox"/> School / College <input type="checkbox"/> Other								

Pursuant to the Americans with Disabilities Act (ADA), the Department of Public Safety endeavors to ensure accessibility to all persons with disabilities. If you need an accommodation for testing, please contact the Human Resources Bureau at the number listed above at least 48 hours prior to the exam so that an accommodation can be arranged.

"AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY"